

SURGERY FOR PRIMARY MALIGNANT TUMORS OF THE HEART

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Objective. Primary malignant tumors of the heart (PMTH) are a rare pathology with fatal prognosis, late diagnosis, and unsatisfactory treatment results. The study is aimed to evaluate the results of surgical treatment in patients with PMTH.

Material and Methods. Over the period 2001-2019, eleven patients with PMTH underwent surgery: 5 men and 6 women, the mean age was 50.73 ± 5.46 (min. 22; max. 77) years. PMTH were located in the left parts of the heart in seven, in the right part in three, and in both right and left parts in one patient.

Results. Three heart autotransplantation (HA) procedures, one orthotopic heart transplantation (OHT), three radical resections of the tumor in situ (RRT), and four cytoreductive interventions (CRI) were performed. The average time of myocardial ischemia was 119.9 ± 20.2 minutes with a total blood loss of 1601.8 ± 367.3 ml. Major hospital complications occurred in six patients. Within 30 days, three patients died due to noncardiac causes. The follow up was 467.0 ± 100.3 days. Seven patients (one dropped out) died because of tumor recurrence/progression. Relapse-free survival averaged 456.8 ± 103.0 (min. 219; max. 765) days, mean overall survival was 357.6 ± 121.6 (max. 859) days. The mean survival for patients discharged from the centre after radical surgery (565.4 ± 112.2 days) was on average 2.5 times higher than that after CRI (221.0 ± 28.0 days).

Conclusions. Radical surgery – RRT, HA, OHT – as part of a multimodal treatment is the goal of modern treatment strategies for PMTH. Major hospital complication rate and 30-day mortality after radical surgery are high. Relapse or progression of tumors was the cause of death in all patients during the follow-up period. Radical surgery and in selected cases CRI can reduce symptoms and prolong the life.

Keywords: primary cardiac tumors, surgery, sarcoma, lymphoma, multimodal therapy